Vermont Mental Health Performance Indicator Project

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MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani
Janet Bramley

DATE: November 3, 2000

RE: Child and Adolescent Caseload Segregation/Integration in Vermont

The vision of an integrated, coordinated "system of care" has helped guide the professional activity of people working with children and adolescents for more than a decade. Interagency collaboration is one of the core elements of this system of care philosophy. In recent years, Vermont has been using a *child-focused approach* to the measurement of service system integration. This approach is based on the measurement of caseload overlap: the degree to which child-serving agencies share responsibility for serving children and adolescents with emotional disorders. (Pandiani, Banks, and Schacht, 1999)

The attached graph and table provide the Caseload Segregation/Integration Ratio (C-SIR) for each of Vermont's community mental health service areas for fiscal years 1993 through 2000. C-SIR ratios may vary from zero to one hundred. At the extremes, interpretation of the Caseload Segregation-Integration is unambiguous. A service system in which child-serving agencies have no caseload overlap (C-SIR=0) does not have a "system of care" for children and adolescents with severe emotional disturbances. Little or no caseload overlap is most likely an indicator of poor performance by a local system of care. Service systems in which child-serving agencies approach total caseload overlap (C-SIR=100); on the other hand, probably lack the individualized focus that is a core value of the system of care philosophy. (Stroul and Friedman, 1986) A system that treats all children and adolescents identically is probably a poor example of a child-focused system of care.

The calculation of these caseload segregation/integration ratios relied exclusively on existing databases maintained by three state level child-serving agencies: the Division of Mental Health, the Department of Social and Rehabilitation Services, and the

Department of Education. Because the three service sectors do not share any unique person identifiers, unduplicated counts of the number of children and adolescents served in the service sectors were determined using Probabilistic Population Estimation. (Pandiani, Banks, Schacht, 1998; Banks and Pandiani, 1999)

The attached graph and table show that there has been a general tendency toward increased caseload integration during the eight-year period under examination, although there was a slight decrease over the past year. Between 1999 and 2000, four of the ten service areas experienced decreases in caseload integration ratios of 5 or more points. Addison had the greatest decrease (12 points), although Addison County continued to have the highest level of caseload integration in the state. The Northwest region (Franklin and Grand Isle Counties), which previously had the least caseload integration, had the greatest increase (nine points), and is now higher than the statewide average.

We believe the degree of caseload integration between community mental heath and other child serving agencies is an important measure of service system performance at the local level. We will appreciate hearing your observations, interpretations, and ideas about the utility of this measure of service system performance at 802-241-2638 or jpandiani@ddmhs.state.vt.us.

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References

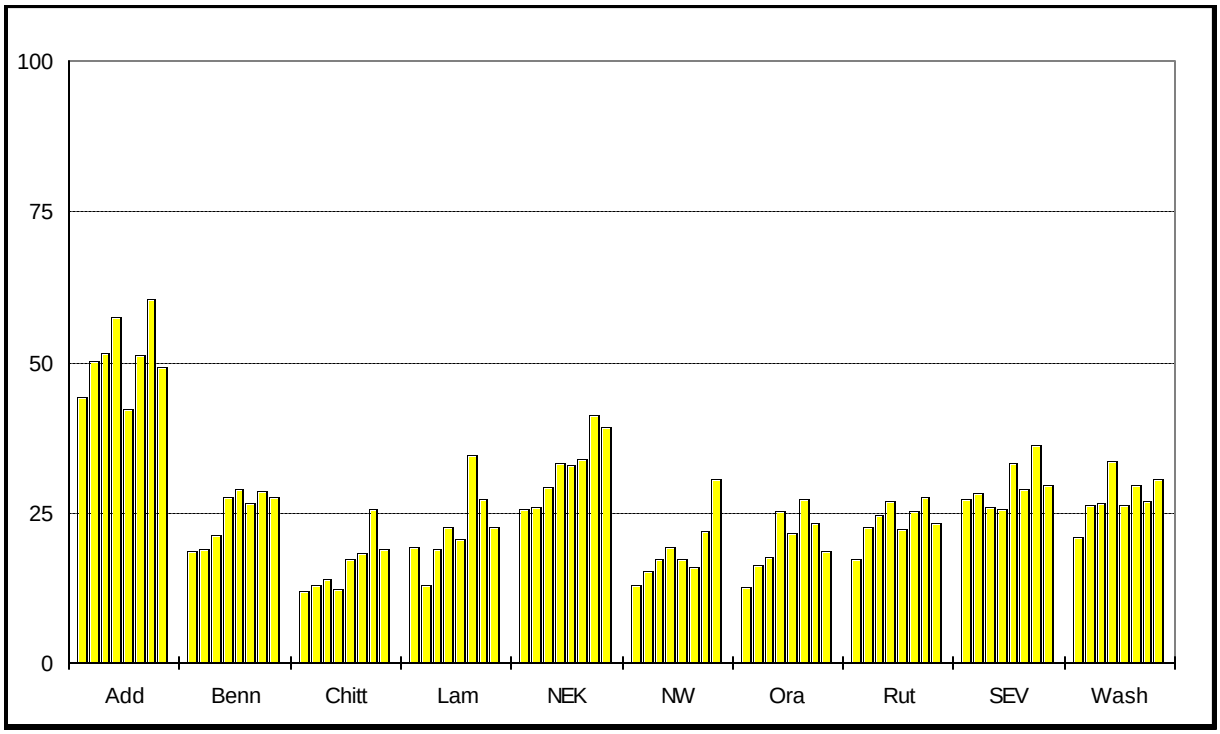
Banks SM, and Pandiani JA: (1999). *A Methodology for Probabilistically Estimating Caseload Size and Overlap.* The Evaluation Center @HSRI.

Pandiani JA, Banks SM, and Schacht LS: (1998). Personal privacy vs. public accountability: A technological solution to an ethical dilemma. The Journal of Behavioral Health Services and Research 25 (4) 456-463.

Pandiani JA, Banks SM, and Schacht LM: (1999). Caseload Segregation/Integration: A Measure of Shared Responsibility for Children and Adolescents. *Journal of Emotional and Behavioral Disorders*, 7 (2) 66-71.

Stroul BA and Friedman RM (1986). A System of Care for Children and Youth with Severe Emotional Disturbances. (Revised edition). Washington DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

CASELOAD SEGREGATION/INTEGRATION IN VERMONT FY 1993-2000



Region/Provider	1993	1994	1995	1996	1997	1998	1999	2000
Addison	44	50	51	57	42	51	61	49
Bennington	19	19	21	28	29	26	28	28
Chittenden	12	13	14	12	17	18	26	19
Lamoille	19	13	19	22	20	34	27	23
Northeast	26	26	29	33	33	34	41	39
Northwest	13	15	17	19	17	16	22	31
Orange	13	16	18	25	22	27	23	19
Rutland	17	22	25	27	22	25	28	23
Southeast	27	28	26	25	33	29	36	30
Washington	21	26	27	34	26	29	27	30
Statewide Average	21	23	25	28	26	29	32	29

Caseload Segregation/Integration Ratio (CSIR) is a measure of the amount of caseload overlap among child serving agencies. CSIR values range from "0" (a service system in which child serving agencies have no overlap) to "100" (a service system in which there is total overlap). The CSIRs reported here are based on data held in the databases of the State of Vermont Department of Developmental and Mental Health Services, Social and Rehabilitative Services and Department of Education. Since these databases do not share common identifiers, probabilistic population estimation was used to derive CSIR values. For more information,see: Pandiani, J.A., Banks, S.M., & Schacht, LM. (1999). Caseload segregation/integration: A measure of shared responsibility for children and adolescents. Journal of Emotional and Behavioral Disorders, 7(2), 66-71.